



Reds Rookie Success League

Mentor / Coach / Volunteer Application



** All volunteers are subject to Fingerprint & Background checks.*

Name _____	Daytime phone _____
Address _____	Evening phone _____
City _____	State _____ Zip _____
Email address _____	Cell phone _____
Place of employment _____	Shirt Size _____
Emergency contact: Name _____	Phone _____
Identify the CRC Center or Boys & Girls Club nearest to you: _____	

I am able to participate as a: _____ Head Coach (director/leader of team, everyday attendance) _____ Assistant Coach (assist head coach, follow direction, interact) _____ Either (available to fill any role necessary)

League # 1 **T & Th** **June 27th – August 3rd**

- _____ 9:30am – 12pm (8-9 yr. olds)
- _____ 12:00pm-2:30pm (10-11 yr. olds)

League # 2 **W & Fr.** **July 5th – August 11th**

- _____ 9:30am – 12pm (8-9 yr. olds)
- _____ 12:00pm-2:30pm (10-11 yr. olds)

***Monday Sessions** **July 10th – August 14th**

- _____ 9:30am – 12pm (9-13 yr. olds)

*Monday Sessions will be targeted at participants with advanced skills only.

**All sessions include
12-12:30 lunch from
Cincinnati Public
Schools.*

List any special limitations that may affect your volunteer participation _____

Youth and/or coaching experience (describe) _____

Mandatory Coaches Orientation for all volunteers: ***Saturday, June 17th*** ***9am – 12noon***

- _____ **Yes, I can attend**
- _____ **No, I cannot attend**

NYSCA Baseball Certification # _____ Expiration Date _____

(If you are NOT certified by NYSCA, you must do so at the June 17th Coaches Clinic, or at a later date.)*

Conditions of Volunteer Participation

I recognize that there are certain risks of physical injury as a result of my participation in this program. I agree to assume the full risk of injuries, damages or loss that I may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have, as a result of my participation in the program against the City of Cincinnati's Public Recreation Commission, the Reds Community Fund, the Cincinnati Reds LLC, the Cincinnati Police Division, the Cincinnati Fire Division and Tri-Health and their agents, employees and volunteers.

I do hereby give permission for the City of Cincinnati, the Public Recreation Commission, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, TriHealth, Beacon, and their agents, to use photographic images and/or video footage of my child (under age 18) for promotional items (Newsletter, Flyers, etc.).

I further agree to indemnify, defend and hold harmless the City of Cincinnati's Public Recreation Commission, the Reds Community Fund, the Cincinnati Reds LLC, the Cincinnati Police Division, the Cincinnati Fire Division and Tri-Health and their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by myself, arising out of, connected with, or in any way associated with the activities of this program.

I have read fully and fully understand this release form. Before registration in this program is valid, the participant must sign this release form.

Volunteer's Signature _____ Date _____

Guardian's Signature _____ Date _____

(If volunteer is under 18 - **minimum age is 16*)

Return the completed volunteer application to:

Reds Community Fund
Great American Ball Park
100 Main Street
Cincinnati, Ohio 45202-4109